



Last Updated: 03/09/2022

Implementation of Hospital Presumptive Eligibility and Online Deemed Newborn Enrollment — Effective January 1, 2014

The purpose of this memorandum is to inform you of the Department of Medical Assistance Services (DMAS) implementation of the Hospital Presumptive Eligibility (HPE) process for all participating Virginia-Medicaid hospital providers. In addition, DMAS is implementing a pilot project statewide which expedites deemed newborn enrollments.

BACKGROUND

Under the Affordable Care Act (ACA), qualified hospitals will be given the opportunity to determine presumptive eligibility for certain Medicaid eligible groups, beginning January 1, 2014. A qualified hospital is a hospital that participates as a Medicaid provider, notifies DMAS of its election to make HPE determinations, and agrees to make those determinations consistent with DMAS policies and procedures. Hospitals will be able to temporarily enroll individuals in Medicaid, which will ensure compensation for Medicaid covered services and provide patients access to medical care as well as a pathway to ongoing Medicaid coverage. While many states have existing presumptive eligibility policies for pregnant women and/or children, the new ACA option allows hospitals to provide presumptive eligibility regardless of whether their state has previously implemented hospital presumptive eligibility and expands the number of groups for which hospitals may determine presumptive eligibility.

Eligible groups in Virginia that will receive full Medicaid benefits include:

- Low-Income Families with Children (parent and caretaker relatives);
- Children Under age 19;
- Former Foster Care participants;
- Every Woman's Life program for breast and cervical cancer prevention and screening.



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Individuals are limited to one hospital presumptive eligibility period per calendar year. Pregnant women may also be determined presumptively eligible for ambulatory care services and are limited to one hospital presumptive eligibility period per pregnancy.

The determination of hospital presumptive eligibility will be based on self-attestation by the enrollee regarding certain eligibility factors, including income, citizenship, and family size, and hospitals will be provided with eligibility guidelines for these factors. The period of presumptive eligibility will begin on

Medica
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Memo:
Special
Decem
ber 20,
2013

Page 2

the date of determination and end on the last day of the following month or the date on which full eligibility is determined, whichever is sooner. Services will be reimbursed on a fee-for-service basis.

IMPACT OF PRESUMPTIVE ELIGIBILITY ON PROVIDERS

Hospital participation in presumptive eligibility is voluntary. Hospitals must be enrolled in Virginia Medicaid to participate. Interested hospitals must return a completed and signed Provider Agreement (attached) to DMAS and participate in a web-based training provided by DMAS. This training will provide guidelines as to determination and application procedures and will outline hospital presumptive eligibility performance expectations. The training webinar will be held on December 20th, 2013 and will be recorded and posted on the DMAS website in early January. It will include training for both hospital



presumptive eligibility and the deemed newborn enrollment process.

At this time, only trained hospital staff may determine presumptive eligibility. Contracted staff or third party vendors are not approved to conduct hospital presumptive eligibility determinations. Staff is responsible for informing enrollees about the program and length/scope of coverage, as well as providing direction as to how to file an application for ongoing Medicaid beyond the presumptive eligibility period. Established performance standards regarding ongoing Medicaid applications for those determined presumptively eligible will be monitored by DMAS.

HOSPITAL BASED DEEMED NEWBORN ONLINE ENROLLMENT

Approximately 29,000 newborns are deemed eligible for Virginia Medicaid and FAMIS each year. A newborn is deemed eligible if his or her mother is enrolled in Medicaid, FAMIS or FAMIS MOMS at the time of birth. The deemed newborn is covered for the first year of birth. Upon turning age one (1), they must formally apply for Medicaid/FAMIS and be approved for coverage to remain enrolled.

Prior to the online process, there were three ways that a deemed newborn could be enrolled in coverage;

1. The parent may contact his or her Local Department of Social Services (LDSS) eligibility worker or the FAMIS Central Processing Unit (CPU) to report the birth and have the baby enrolled.
2. The hospital may report the birth via the paper Newborn Notification Form (DMAS 213) and fax or mail the form to the LDSS of the FAMIS CPU for enrollment; or
3. The mother's Medicaid Managed Care Organization (MCO) may report the birth via the paper Newborn Notification Form (DMAS 213) and fax or mail the form to the LDSS or the FAMIS CPU for enrollment.

These processes allowed for delays in newborns being enrolled, creating barriers for the newborns seeking medical care post discharge from the hospital. The online process is a web-based enrollment process which will



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enroll the newborn into Medicaid or FAMIS within one business day of entry and provide a notice to the hospital and parent of the newborn's Medicaid ID as well as infant's assigned MCO, which will be the same as the mother's.

CONTACT

For more information about presumptive eligibility or deemed newborn online enrollment, email HPE@dmas.virginia.gov or call (804) 225-4279.

Please note that DMAS is awaiting further direction from the Centers for Medicare and Medicaid Services and may have changes or additions to the information presented.

Medica
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Memo:
Special
Decem
ber 20,
2013

Page 3

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be



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found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1- 866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal at <http://dmas.kepro.com>.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering Internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com (888) 661-5657	Siemens Healthcare (HDX Division) www.hdx.com (610) 219-1600	Emdeon www.emdeon.com (877) 363-3666	Availity, LLC www.availity.com support@availity.com (800) 282-4548	Dorado Systems, LLC www.Doradosystems.com sales@doradosystems.com (856) 354-0048
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COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS Web Portal at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.



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MEDICAID MEMO

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-
of-state long distance 1-800-552-8627 All
other areas (in-state, toll-free long
distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.